DOCUMENT RESUME

ED 271 994 FL 015 856

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TITLE Clinically Speaking: ESP for Refugee Nursing Students.
PUB DATE May 85
NOTE 33p.; In: Proceedings of the Eastern Michigan University Conference on Languages for Business and the Professions (4th, Dearborn, MI, May 2-4, 1985); see FL 015 835.
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Curriculum Development; Grammar; High Schools; Instructional Materials; Language Skills; *Limited English Speaking; Material Development; *Medical Vocabulary; *Nursing Education; Program Descriptions; *Refugees; Screening Tests; Second Language Instruction; Student Evaluation; *Vocational English (Second Language)
IDENTIFIERS *Southeast Asians; University of Minnesota

ABSTRACT

A program designed to provide instruction in specialized English for Southeast Asian and other refugees redeveloping their skills as licensed practical nurses (LPNs) contained two language proficiency tracks and provided language instruction incorporating high school equivalency test practice material in the specialized English course. Technical instructors modified their curricula and classroom presentations to meet the needs of limited-English-proficient students who were also holding full-time jobs. During the program's first year, hours of English instruction were adjusted according to student needs, which were monitored regularly. Other elements in the curriculum include medical vocabulary and its appropriate use, and medical record writing or charting. Over time, the curriculum has been changed to emphasize reading skills, grammar, and speech skills more than originally planned. Special materials have been developed for role-playing, developing language for spatial relationships, passive constructions, relative clauses, description techniques, special procedures, and charting. Problems have included the complexity of communication skills needed by nurses, lack of communication between technical and language instructors, students' limited English proficiency, student impatience with academically-oriented materials, student fatigue, and inadequate tests. Appendixes include the draft of the interview format for the refugee retraining project, an outline of the curriculum, and examples of instructional materials and exercises. (MSE)

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CLINICALLY SPEAKING: ESP FOR REFUGEE NURSING STUDENTS

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CLINICALLY SPEAKING: ESP FOR REFUGEE NURSING STUDENTS

The Program's Need and Early Development

Since 1975, Minnesota has been one of about a dozen states most actively involved in programs for the initial placement of refugees, and in the late seventies waves of secondary migration from around the United States brought even more refugees to the Twin Cities of Minneapolis and St. Paul. This strained social service capacities. Health care facilities found themselves beset with large numbers of non-English speaking clients who knew little about American medical practices. In an effort to solve the communication problem, a network of refugee interpreters was organized and made available. However,the Interpreters Project was seen as a temporary measure and there remained the long-term problem of how to educate the refugee population about American health care attitudes and practices. Health care providers agreed that part of the answer would be the hiring of bilingual health care professionals; but few qualified individuals were available. Although a large number of area refugees had formerly been health professionals or paraprofessionals, a series of factors inhibited those individuals from entering health care training programs. Among those factors were limitations in English language proficiency and in financial resources.[1.]

Dr. Amos Deinard of the University of Minnesota Department of Pediatrics (UMDP) began exploring the idea of organizing some type of training program which would aid those refugees in redeveloping their health care skills, ultimately in order to help the refugee community at large. Together with the American Refugee Committee (ARC), a locally-based non-profit agency, UMDP submitted a proposal for funding such a program to the Department of Health and Human Services. A group of Southeast Asian refugees were to be retrained as Licensed Practical Nurses (LPNs) or Physician's Assistants. The two sponsoring agencies would recruit students, provide up to one

year of education, and assist trainees in first obtaining licensure/certification and then in finding employment.[2.] At the same time, ARC submitted a second proposal -- a request for Targeted Assistance funds from the Hennepin County CETA office. ARC proposed a Health Occupations program which would assess, train and place thirty area refugees within an 18-month period.

The proposals for retraining and for training new health professionals had as their overall goal the eventual placement of bilingual professionals in area health care facilities. The funds were forthcoming and the projects combined to become the first program of its kind in the United States.

The Minneapolis Area Vocational Technical Institute (MTI) was contracted to develop a special practical nursing program to meet the needs of a refugee population. The program would follow the same course of study as the school's regular LPN program, but classes would be offered late in the afternoon and in the evenings to accomodate those refugees already holding full-time jobs. Because UMDP and ARC recognized that the refugees' language proficiency might cause problems technical studies, an English as a Second Language course was added to the technical curriculum. The Minnesota English Center (MEC) was contracted to provide an English for licensed practical nursing science component to the program.

Intake and Screening

Notices about the program were distributed to social service agencies and refugee organizations. Sixty-one refugees indicated an interest in the program. MEC helped to develop an initial screening interview to assess potential candidates' language proficiency. The interview consisted of several questions, some of a general nature, others more specific, about educational backround and technical experience. (See Appendix A.)

The candidates were then given the Minnesota Battery, a series of language tests consisting of the Michigan Test of Aural Comprehension, forms 1-3, the Michigan Test of Language Proficiency, Forms G and H, and the Minnesota Composition. In order to assess the general educational backround of the candidates, MTI administered three additional tests: the Structure Test of English

Language (STEL), the Gates-McGinnity Test of Reading Comprehension, and the MTI Math Test, a general math test consisting of 24 basic math problems.

On the basis of all the test results, but with particular weight given to the Michigan Test of Aural Comprehension, the students were divided into two ability groups. The upper group of students had STEL scores above 500 and Aural Comprehension scores above 70.[3]

The Program

In March, 1984, 42 students began a one-month intensive academic program to further determine their scholastic abilities. In addition to Lao, Hmong, Vietnamese and Cambodian refugees, the group included three Eastern European and two Ethiopian refugees. Courses in medical terminology, reading, math, and ESL were offered four hours per evening, five nights per week. At the conclusion of this pre-vocational program, the students were individually evaluated by the staff. They determined that all of the students were capable of studying in the nursing program, although several students were identified as having limited English proficiency. At this time, students were redistributed in the two groups in an effort to maintain a more consistent level of language ability within each group.

The nursing program was structured so that the first quarter of instruction consisted of an introduction to nursing principles and practices, a clinical experience in a long-term health care facility, and a three-week Nursing Assistant course. (For a complete academic curriculum, see Appendix B.) Plans were for all the students to complete the Nursing Assistant course and obtain Nursing Assistant certification, even though some of the students would not be able to go on to complete the praactical nursing program.

MTI requires that its regular LPN students either possess a high school diploma or pass a high school equivalency exam (GED) before admission. At the request of program sponsors, this requirement was suspended with the condition that the refugees would have to possess this credential before graduation. The ESL instructors were asked to incorporate GED practice material into the language curriculum.

In April, 1984, 33 students began the practical nursing program. Their course of study began with one hour of English and three hours of technical coursework per evening, four nights per week. The English instructors decided to spend two hours per week on special purposes English, with the remaining two hours spent on developing skills needed to pass the GED. The first clinical experience was scheduled to begin midway through the first academic quarter, with the students placed in a long-term health care facility.

Although the technical materials used in this program were the same as in the school's regular LPN curriculum, technical instructors modified their lectures to meet the needs of students with limited English. According to the Technical Coordinator, "Lectures were simply presented and all medical terms were written on the blackboard to assist in notetaking, ensure correct spelling, and reinforce pronunciation."[4]

Testing technical knowledge was a problem at first. MTI requires all its LPN students to pass departmental standardized tests with a score of at least 80%.

> The first test was very difficult for the students because of language complexities and American cultural references. During the following two tests, the students were allowed as much time as they needed and could use an English dictionary.[5]

As the students grew more proficient in test-taking, the dictionaries were eliminated and time limits reinstated.

At the conclusion of the first quarter, the staff met to evaluate the students again and to assess the effectiveness of the program. It was noted that the group with the higher language proficiency was progressing at a much faster pace. Several members of the lower proficiency group had language related problems which caused concern among the technical faculty. At this point, several of the lowest level language students were told that they could not continue in the LPN training program. They were given the option, however, of entering a three-week home health care aide training program, which would give them further job opportunities.

The staff noted that the rigorous schedule -- academic classes every evening, clinical experience on alternating weekends -- was creating a snese of "burn out" on the part of the students, many of whom already held full-time jobs. For this reason, the schedule was revised for second quarter so that the students would only work at the clinical site on Thursday evenings and alternating Friday evenings or Saturdays. This change in schedule resulted in an extension of the length of the program. Instead of a year, the course would now take at least one and a half years to complete in comparison with 46 weeks for full-time MTI day students.[6.]

As the second quarter began, a total of 18 students were still enrolled in the program. The higher proficiency group received only one hour of language instruction per week, although the lower group continued to study English one hour each night. The clinical experience shifted to a surgical ward of a large metropolitan hospital.

The third quarter brought a reduction of Engish hours for the lower group. The higher group was given the option of an hour of language tutorial each week. The lower proficiency group met two hours per week, with class time spent on sharpening communicative skills. This would be the last quarter of English.

English Curriculum

Needs assessment is an integral part of ESP curriculum planning. Widdowson divideds needs into two categories: process oriented needs (what the learner needs to do to acquire the language) and goal oriented needs (what the learner needs to do with the language once he has learned it.)[7.] As we planned our curriculum, we tried to obtain information about both types. We interviewed nurses and nursing instructors in an effort to learn more about the language of nursing. We surveyed the nursing texts and manuals our students would be using, looking for recurring grammatical structures. We also looked for ESP resources which would help in our task. Because the English instructors would also be working with GED skills, we talked to local Adult Education teachers who had experience teaching GED

to students with limited English proficiency. We also secured a GED practice test and GED review materials.

Since our students were under the special constraint of having to study for the GED at the same time as they were studying technical material, we divided our curriculum into two parts, taught by two different instructors. The medical English component would concentrate on teaching the productive skills of speaking and reading in a medical context. The GED component would work with the receptive skills of listening and reading. AS ESL teachers, we saw our main focus as teaching language skills rather than GED content materials. Those materials were used as samples of English by which we could teach reading and listening. We hoped that exposure to the materials in this way would itself be a preparation for the GED.

The curriculum initially planned for the medical English classes to give the students a facility with the kinds of technical constructions they would come in contact with in their nursing classes and to prepare them for the kinds of spoken English they would be using in the practice of nursing as well as in the technical classroom. We soon realized that there was also a need to prepare the students for the special writing skills needed to write charts.

There isn't always a clear line between the kind of curriculum necessary to present the reading and writing skills needed for the nursing classroom and the curriculum necessary to promote the special oral/aural skills a nurse or a nursing student needs. It seemed clear enough, however, that the ESP materials that we had available to us related more to the students' academic needs than to their needs in terms of practical speaking skills. We relied heavily on the kinds of materials traditionally used to teach technical English to teach three things: describing spatial relationships, describing processes and procedures, and using definitions.

Such academic skills were often also things they needed on the job. The ability to describe spatial relationships accurately in note just a skill the nurse needs in the classroom. Likewise, a nurse needs to be able to describe procedures to patients, since one of the functions of a nurse is to teach the patient. But we

were aware that there were other kinds of needs less related to the reading and writing skills they needed as nursing students. From the beginning, we wanted to foster an atmosphere where students felt free to ask questions, so that this might be carried over into work situations as well as class situations. We decided to work with question formation at the very beginning of the coursework. It also seemed to us that one of the most common verbal functions that a practical nurse has to perform is to make requests, and that in the situation of a hospital, a nurse should be sensitive to different ways of making requests in different situations.

The curriculum for many ESP classes will have as a specific component the teaching of medical vocabulary. At the beginning of their program, our students took a three-week class in medical terminology, taught by teachers from the health occupation faculty. This class concentrated on common medical prefixes and suffixes. The ESL instructors also worked with medical vocabulary within a limited framework. For about a month and a half, in connection with the teaching of charting, we spent regulary time going over a list of words (part of the LPN curriculum) contrasting vocabulary appropriate for charting and everyday vocabulary. We will discuss this list more later. For now, we will comment that the focus of the activity was, just as much as the teaching of vocabulary, the appropriateness of different vocabulary for different situations.

This activity represented in large part the extent to which our curriculum focused on the teaching of medical vocabulary. It would be presumptuous for us to say that the students didn't need to learn medical vocabulary; but this need was to a great extent being met by the nursing curriculum itself, and we found a greater need for us to spend time on the kinds of sub-technical vocabulary that was equally an element in the writing in their texts, but which a nursing instructor might not feel the need to explain.

The writing of medical records -- charting -- is a specialized skill that has to be taught to native speakers of English as well as to non-native speakers of Englsih. We realized that one of the biggest

challenges to our students would be learning how to chart. Medical records are written not only with a specialized vocabulary, but in a specialized style. Techniques for writing medical records have become more complex within the last 14 years with the introduction of "Problem Oriented" charting, in which a nurse is asked to distinguish between the patient's subjective observation of his own condition and the nurse's objective record of the case. The nurse must also give an assessment of what the conditions mean and what kind of care is needed. Styles of charting will vary from institution to institution, and the nurse must have a certain flexibility within a system which is itself changing. The essentials of charting are, again, part of the nursing curriculum itself, and certain aspects of charting -- the accuracy of what is written in terms of the condition of actual patients -- can only be taught by nursing instructors. But we felt we could be helpful in developing in the students a sense of vocabulary, style, and grammatical accuracy for charting. Later, we will give examples of materials we have used to teach charting English.

As we actually taught the class our curriculum changed in a number of ways from the originally planned curriculum.

First of all -- what perhaps is predictable -- we found it impossible to maintain the distinction of having the teacher oriented to GED English restrict herself to teaching reading and listening skills and the teacher oriented to medical English restrict himself to teaching speaking and writing skills. Although the medical English instructor avoided teaching listening, he found that reading was too central to the specialized English needs of the students to be ignored. The class relied heavily on an English textbook which is organized around a series of reading passages. The instructor also found it helpful to occasionally work with passages he had selected from the nursing textbooks that students were using; the prose in these texts was often startingly opaque to the students.

Second, there was more of a grammatical focus to the curriculum

that we had planned. It's hard to make generalizations about the academic level of the students, but many of them had a background in English only in survival-skills English classes, not the type of classes aimed at academic preparation that students who are studying technical English generally have. This meant that, in addition to learning technical English, there was often a need just to learn English, and we worked on grammar in order to build a foundation on which we could later build more technical skills. Sometimes we adapted materials designed to teach grammar and gave them a more medical focus, other times we simply used standard language materials to teach standard grammatical skills.

Lastly our curriculum changed in that we came to feel the need for an expanded curriculum aimed at the speaking needs of the students. In general, the understanding among language teachers of the speaking skills needed in nursing is still very limited, and much more study will eventually have to be done.

Maybe the most obvious need was that of exercises designed to help the students know how to make small-talk with patients, a skill which, for the low-level students, proved particularly difficult to acquire. We tried to include communicative activities in the class in the form of open-ended questions which the students were asked to complete, role plays and informal question and answer sessions. Students were also asked to give short, spontaneous talks about particular problems they'd had the previous week.

In an effort to encourage an awareness of the world around them, we assigned our students to read newspaper articles and listen for reports about the various artificial heart recipients. This proved to be a very effective teaching tool. It was an on-going story that was of interest to our students, and we could use tapes of the news reports for listening exercises and the news articles themselves for reading practice. The stories also provided a source for the type of layman's mecial language which we wanted our students to recognize.

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Materials

We would now like to discuss some specific examples of materials developed for the project. In most cases, the materials we are going to discuss can be said to reflect our search for communicative frameworks relevant to a medical context that the students recognized through which we would be able to practice specific technical constructions and grammatical forms. For example, at the very beginning of our program we worked on question formation. After reviewing the rules for question formation and practicing them in simple exercises, we tried to establish a link to situations where nurses ask questions in their work. We had the students role play a situation where a nurse takes a patient's medical history. First we went over a simple dialogue representing such a situation. Then the students worked in groups of two. One student was given a standard medical history card -- the kind found in a clinic -- with the information filled in to represent an imaginary patient. That student assumed the identity of the patient, and the other student, representing the nurse, took his medical history. In the process, the "nurse" had to use most of the different question forms.

Our work on descriptions of spatial relationships likewise aimed ultimately at finding contexts where the skills they were developing could be made meaningful. We started by reviewing the meanings of various prepositions. In a nursing class the medical English instructor observed, the techniques for working with blind patients being discussed gave him an idea for an exercise of the sort advocated by Gillian Brown and George Yule in Teaching the Spoken Language.[8] The students were divided into groups of three and one

student in each group was given a picture of a tray of food as it might be given to a patient (see Appendix C.) The student was then given the task of describing the position of different items on the tray as though he were describing it to a blind patient. As a test of the accuracy of the description, the other students in the group, who couldn't see the picture, were asked to draw a picture of the tray as the student described it to them. In actual work with blind patients, a nurse will describe the position of food on a round plate by telling the patient what hour the food would be at if the plate were a clock. For example: "Your potatoes are at four o'clock and your beef is at seven o'clock." The students were encouraged to do this, but they were also encouraged to use different prepositions to describe the position of other items on the tray or items on a rectangular plate.

(Now, in actual work with a blind patient, a nurse might be able to avoid some of this verbal interaction. One student, who was working as a nursing assistant, said that when she served food to blind patients she simply took their hand and moved it to the positions of different items in order to let them know where they were. We do not claim that an item practiced in an English class will always be the most practical solution to a nurse's communication needs. Nevertheless, the kind of verbal interaction that the students practiced is something that could easily at least be part of the interaction.)

We also did more traditional exercises relating to spatial relationships by working on the meaning of passive constructions such as <u>is located</u>, <u>is divided</u>, <u>is connected to</u>, <u>is found</u>, and

is enclosed. The students were encouraged to use these in descriptions of medical objects. The more advanced students were given a passage from an anatomy textbook with constructions of this kind deleted, and were asked to fill in the appropriate terms.

Appendix D consists of exercises dealing with relative clauses. The students also worked with these structures in the course of practicing definition formation. The handouts which follow are intended to illustrate ways that more general grammatical concepts can be adapted to an ESP situation. They are patterned after exercises developed by Eric Nelson at the Minnesota English Center and described in the 1984 MinneTESOL Journal.

Once again, the form of relative clauses had thoroughly been discussed and practiced in simpler exercises before these more communicative exercises were used. In the first exercise, the student is asked to answer a series of questions. The questions each ask the student to distinguish between two options, so that his answer should and in most cases has to included a relative clause. By nature of the questions, the student is made to practice the formation of different kinds of relative clauses; but at the same time he is asked to make a distinction in meaning -- a distinction that specifically refers to information which the student has been studying in his nursing classes.

The next exercise relies on the same principle. We use restrictive relative clauses when we need to distinguish between things. Thus the students will be likely to use relative clauses when they are asked to distinguish between a series of patients, which is what the writing assignment asks them to do. The handout listed a series of

patients and pieces of information that identified them. The students were asked to describe how a nurse would interact with each of the patients. Again, the patients described in the exercise are in situations which our students were familiar with. We did not necessarily want the students to use relative clauses in all the sentences they wrote, but we wanted them to realize that in some cases it would be natural to do so. We hoped to establish the link between grammatical form and communication relevant to the nursing context.

We worked in a number a ways on teaching the students to describe procedures, both in writing and in speaking. We were able to rely heavily on visual aids we found at MTI. A simple transparency showing the four steps in cleaning a bed pan was used repeatedly to practice different ways of describing procedures -- with third person subjects, with imperatives, and with passives-- and to practice different ways of expressing the time relation within a procedure. MTI also has a series of in-house videotapes illustrating some basic nursing procedures. Using the tapes without the accompanying soundtrack, the ESP instructor asked the students to first explain the procedure and then to create their own dialogues for the situation.

Appendix E. is a checklist which is used by the technical instructors to test the students on their clinical skills. We include this as an example of another sort of "map" which an English teacher might look for -- one which gives an <u>indication</u> of a procedure without actually writing it in standard prose. We felt that if a student could transform the checklist into a written description of a procedure, then that student probably understood the kinds of things we were

trying to teach. (We did find that this was a very difficult task for the students, and we had to explain very carefully the style of writing in the checklist.)

A different kind of activity has as an advantage the fact that the students were actually required to successfully convey the steps of a procedure to another student. The activity made use of two taperecorders. We divided the class into two groups. Each group listened to a different tape -- one a simple description of a nursing procedure and one a simple description of a physiological process. Each group was told to listen to the tape until they felt that each person in the group was prepared to repeat the description in his own words. Then, each student was paired with a student from the other group, and each student was asked to teach the process or procedure to the person he was paired with. Finally the students returned to their original groups and, as a group, tried to reconstruct the description the other group had listened to. An exercise like this is an exercise in listening as well as speaking, and an exercise in remembering technical material conveyed to the student in the target language.

We will only discuss the work we did no practicing requests to the extent of pointing to Appendix F. This handout was created by asking a nursing instructor to supply a list of situations where a nurse might make requests, and later by asking the students a similar question. We used this handout to discuss the different ways it might be appropriate to word a request in different situations. We are also including it because we think that it gives a sense of some of the different ways in which a nurse has to interact with people.

Appendix G. has to do with charting. The first page is a page from the materials about charting supplied by the Health Occupations Program at MTI. We spent class time reviewing these word lists in preparation for later work on charting. As you notice, on the left side of the page is a word for a physical phenomenon that the nurse might observe, usually the everyday word for it. On the right side

is the vocabulary which would be used for charting. What we would like to point out, is that many times the vocabulary on the left would be just as difficult, or as unfamiliar for the students as the vocabulary on the right. For most of our students, the word "belching" is no easier than the word "eructation", "flabby" is just as difficult as "flaccid." So we were faced with the task, not only of teaching them the charting vocabulary, but of making clear to them that this vocabulary is not always appropriate when they are talking to a patient, or, in fact, in most contexts other that charting.

The last part of Appendix G. shows an example of a chart that a nursing instructor wrote for us and the same information rewritten into more standard prose. This is a simmple "narrative" chart. It makes no attempt to incorporate the innovations of "Problem Oriented" charting. The chart differs from standard prose in a number of ways. In incorporates abbreviations; it deletes the subjects of sentences; it generally deletes the verb to be; and it deletes possessive pronouns and articles. We are tempted to say that it incorporates many of the eccentricities of usage that our students are liable to fall into anyway, except that, because of other deletions, verb endings become especially important to the meaning conveyed.

After reviewing the rules for charting style, we gave the students sets of individual sentences like those in the middle of Appendix G. and asked them to change them into charting style. Later, we gave the students the passage in standard prose and asked them to turn it into the kind of writing they would use for charting. (We found similar exercises in a standard nursing text, Writing Skills for Nurses,[10] that we were able to adapt for use with our students.) When the students began charting in clinical, we noticed the tendency to adopt charting abbreviations in other writing contextx. We never totally succeeded in weaning them of this habit. On one occasion, we turned the exercise around and asked the students to change an example of charting into standard prose. We still feel that it is important, not only to teach medical English skills with a technical orientation, but to teach students to distinguish when these styles are appropriate and when they are not.

Problems

We believe that by discussing the problems we faced we can give a better idea of the dynamics of our project. Some of the difficulties we faced are common to situations where English for Specific Purposes is taught: lack of suitable materials, the absence of scheduled time for interaction between English teachers and technical staff, the absence of suitable assessment tools, and the limitations of a situation where students regard the language class as less important than other classes. But our problems were also colored by our specific situation and the fact that our project was the first of its kind. We felt that we were exploring new territory; we made original mistakes, and we learned from them.

American publishing companies have only recently recognized the need for ESP texts, so the choice of ready-made materials was not large. While there are several English-for-medicine texts available, most are designed for students preparing to become physicians. (For a review of available texts oriented toward nursing, see Krochmal, 1984.[11.]) Because our students had limited English proficiency, such texts were generally not suitable for class. We settled on Nucleus: Nursing Science, a British text aimed at intermediate-level students. The text is well-organized notionally and has many well-drawn charts, diagrams, and illustrations. It helped provide a frame for our curriculum, and it provided useful reading passages which helped orient our students to the style of technical textbooks; but it only partially met our needs.

More and more as we worked on the project, we were impressed with the complexity of the communication skills a nurse must have. The role of the nurse is sometimes described as attending to the needs of the patient as a whole person, as compared to a doctor, whose role is merely to diagnose and treat illness.[12.] This means that in some respects the communication skills a nurse must have are greater than those a doctor must have. Part of the function of a nurse is to translate medical information into terms that the patient can understand. This means that the non-native speaker studying nursing is learning at least two registers: the register of medical discourse and the register that the nurse must use when she explains something

to the patient. Some of the materials developed for our project represent an attempt to explore ways of teaching the oral skills which nurses need to develop. We feel the need for more understanding in our field of what, in language learning terms, these needs are and how they can be taught.

In part, our perspective comes from the fact that, instead of teaching the students ESP before they entered their academic program, we were teaching them while they were taking technical coursework. This is not an ideal situation and it added to the pressure on the students. It also put us in the position where we could not ignore the fact that we were preparing the students, not just for their academic work, but for their work as nurses -- we were forced, in Widdownson's terms, to be more "goal oriented".

It is partly because of a lack of ready-made materials that the lack of communication between technical and language instructors becomes an issue. We had desks in the nursing office, so there was a chance to ask nursing professionals about technical information, but since the classes were held in the vening, many instructors didn't come to school until the language teachers were already in the classroom. There were several technical instructors involved in the project at any given time, and this made it even more difficult to share information.

We tried to deal with the problem in several ways. Something as simple as changing cubicle assignments helped to make nursing instructors more accessible when they were in the office. The ESP instructor periodically attended technical classes in order to expand his knowledge of the vocational curriculum. Once the students started their clinical training, English classes were held at the clincial site, and we found that this gave us a better perspective on the details of the clinical practice our students were participating in. On one occasion an ESL instructor visited a nursing station and observed as far as privacy laws permitted. Beginning in the middle of the first quarter, we held regularly scheduled meetings with the nursing program coordinators and representitives from the sponsoring agencies. At these meeting it was possible to discuss special problems which individual students had encountered. The meetings helped give

us insight into the communication needs of specific students and a better sense of the kinds of interactions that took place with patients in the clinical setting. We strongly recommend that any program where there are both technical instructors and language instructors have regularly scheduled time for interaction among staff.

Some of the difficulties we faced teaching English had to do with the fact that we were working with refugees. Most of our students had a backgronnd in survival-skills English and we felt that our lower proficiency language students, especially, lacked a solid foundation in basic ESL material and this affected the kind of material we were able to present to them. One thing that this meant was that the length of time originally scheduled for English classes had to be extended. A more serious problem, though, was that, in the estimation of some of the instructors, the lower-level students often tended to learn things -- what they were being taught in nursing classes as well as what they were being taught in the English classes -- by rote, without a real assimilation of what the materials meant.

Perhaps the fact that as refugees our students had had more practical experience of life than most university students had something to do with the fact that they were sometimes puzzeled or impatient with more academically oriented materials. They seemed to want materials that were concretely learnable and did not always seem to understand the purpose of activities more oriented toward skills than knowledge, or learner-centered activities which asked them to generate original responses for the class.

Fatigue was often a factor. Besides pursuing a very stiff academic schedule, our students often held full-time jobs and also tried to maintain families. We believe this will often be the case when students are refugees. In any ESP program there will be a tendency for the students to give priority to their technical classes over their language classes, and the time constraints on our students aggravated this problem. From the beginning of the program, we recognized the need to limit the amount of homework we assigned; but we didn't feel that it was in the interest of the students to avoid homework completely. The students regarded their nursing coursework as extremely important,

and while they realized language class was also important, they gave priority to their technical studies. Sometimes the students' work was incomplete and other times, even though the students completed their homework, they indicated their frustration about their lack of time to do it.

The question of assessment will pose a difficult problem in most situations where ESP is taught. Standard tests, which measure proficiency in the 'standard skills' do not really test what has been taught. On the other hand, teacher-made tests may not give program administrators scores which they regard as valid.

This question became one of our biggest problems. We gave the students the Minnesota Battery -- the test they had taken before starting the program -- at the beginning of the second quarter, and although the results were instructive and helped give the students a feeling of making progress, we were conscious that this in no way assessed their ability to use language as nurses. Another assessment tool, the GED, was built into our program as a requirement, but this was not an assessment tool we were happy with. As ESL instructors we argued that the cultural bias of certain sections of the GED -- in particular the social science section -- kept it from being a valid measure of the academic skills of refugees. We found that to ask a student to study history while in the midst of an intensive vocational training program was a distraction and a source of anxiety. The vocational school argued that,since their other nursing students are required to pass the GED, it would be unfair to waive that requirement for a special group unless we could find an equally valid alternative. The issue was discussed at length and a compromise was eventually reached whereby our students were required to pass only the science and math sections of the GED, which they all did.

Part of our dissatisfaction with using any standardized test stemmed from the fact that such a requirement seemed to imply to students that preparing and passing such a test is adequate preparation for the English skills they will need as nurses, which is in no way true. There still remains the more general need for a test that will adequately assess the language skills of nursing students.

-- John Marston and Adele G. Hansen

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Appendix A.

DRAFT OF INTERVIEW FORMAT FOR REFUGEE RETRAINING PROJECT

- Name
- Date of Birth
- Address
- Phone number
  - work
  - home
- Native Country
- Native Language
  - spoken
  - written
- Health Background
  - work experience (setting, length of time, duties, etc.)
  - educational experience
  - licensure/credentials
- Interest in participating
  - current work status:
    - type of work
    - hours
    - transportation
  - financial status/sources of income
  - home situation
    - breadwinner
    - number of dependents
    - day care
- Conversational English (i.e., during the interview, how does the individual communicate?)
- Information to be provided to the prospective retrainees: types of programs, time of classes, study commitment, costs/financial assistance, contractual commitment/expectations

Appendix B.

PRACTICAL NURSING CURRICULUM

Level I - Quarter I

Nursing Principles and Practices I including Laboratory Practice
(3 week nursing assistant course)

Level II - Quarter I

Nursing Principles and Practices II - Clinical Nursing I
Body Structure and Function
Nutrition
Professional Vocational Relationships

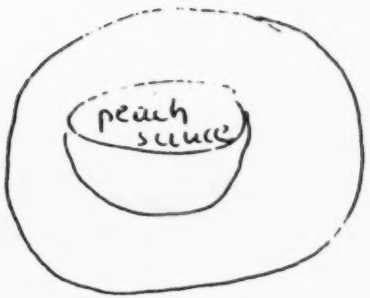
Level III - Quarter II

Nursing Math
Pharmacology
Introductory Medical-Surgical Nursing

Level IV - Quarters III and IV

Nursing of Children - Theory and Clinical - 4 weeks
Maternal-Newborn Nursing - Theory and Clinical - 4 weeks
Gerontology and Geriatric Nursing - Theory and Clinical - 4 weeks
Mental Illness
Advanced Medical-Surgical Nursing - Theory and Clinical - 12 weeks

Program Progression: Quarter II must follow completion of Quarter I. Quarters III and IV will follow quarters II but not always in sequence. Each quarter must be completed prior to progressing to the next quarter.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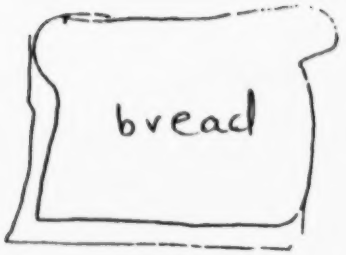
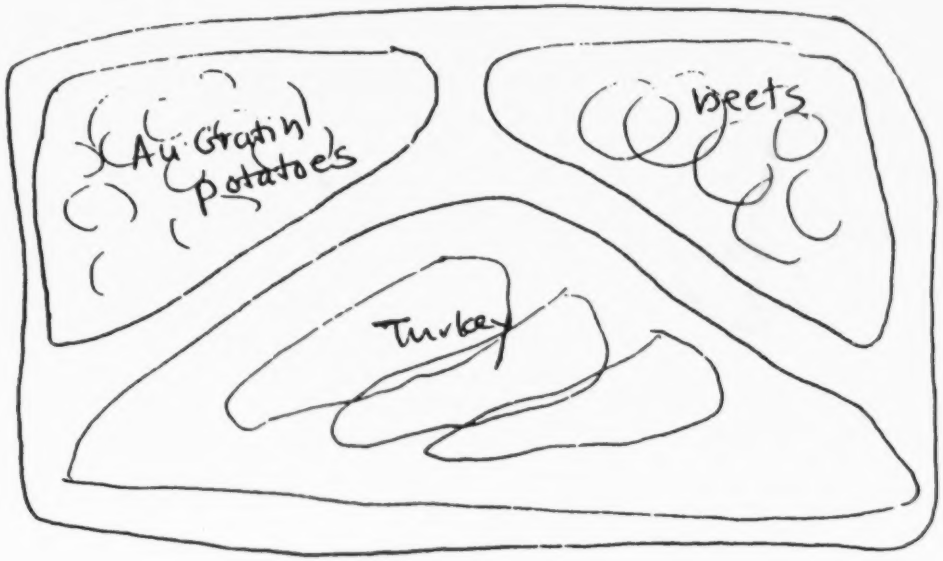
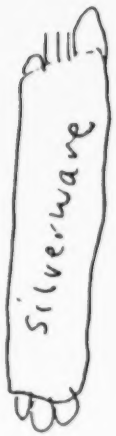

bread

tea


Au Gratin potatoes
beets
Turkey


silverware

V-8 juice

salad

Appendix D.

RELATIVE CLAUSES:

Answer the questions. Each answer should be a complete sentence. Each answer should contain a relative clause.

example: One patient has insurance. One patient doesn't have insurance. Which patient worries more about money?

The patient who doesn't have insurance worries more about money.

1. One man smokes. Another man doesn't smoke. Which one has a greater risk of heart attack.

2. One woman's blood pressure is high. Another woman's blood pressure is low. Which one has a greater risk of heart attack?

3. One patient has diarrhea. One patient suffers from constipation. Which patient might take a laxative?

4. One patient is upset emotionally. One patient has a fractured shoulder. Which patient would you take axillary temperature with?

5. There is a transplant department at one hospital. There isn't a transplant department at another hospital. Which hospital would you go to if you need a new liver?

6. You gave breakfast to one patient at seven o'clock. You gave breakfast to another patient at nine o'clock. It's 12 o'clock now. Which patient should you give lunch to first?

7. There are bed linens in one closet. There are drugs in another closet. You need to change the bed. Where do you go?

8. One patient's left side is paralyzed. One patient's right side is paralyzed. Which patient should sleep on his right side?

Bob Baxter is an L.P.N. at Juliana Nursing Home. The sentences below tell you about some of the residents he works with. Write a paragraph about a day at work for Bob. Describe the things he does for these residents. You will probably want to use some adjective clauses. You don't have to write about all the residents, but write about as many as you can. Start your paragraph with the sentence, "Bob Baxter had a busy day yesterday at Juliana Nursing Home."

One resident's blood pressure is usually high.

One resident left for surgery at the hospital yesterday.

One man is blind.

One woman's left side is paralyzed.

One man was smoking in his room.

One woman couldn't breathe very well.

One man has a colostomy.

One resident refused her medication.

One man has a catheter.

One resident's daughter lives in New York. She is visiting her here.

Many of the residents wear dentures.

Examples of sentences with adjective clauses:

At 8 o'clock Bob took the blood pressure of a patient whose blood pressure is usually high. It was a little lower today.

The resident who stays in room 308 left for surgery at the hospital. Bob gave him a bed bath a 8:30 and helped put his things together.

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Appendix E.

CHECKLIST: Blood Pressure

_____
Student

OBJECTIVE: Obtain correct reading of client's blood pressure.

PROCEDURAL STEPS	SATIS-FACTORY	CRITERIA FOR MAKING JUDGMENT
1. Preparation		Washed hands per accepted procedure Assembled equipment: sphygmomanometer, stethoscope, alco-wipes, paper, pencil/pen
2. Prepare client		Introduced self to client Identified and informed of procedure
3. Maintain safe environment		Positioned client in chair/bed Assessed proper arm to use. Positioned arm, palm upward. Cleansed stethscope ear tips with alco-wipes before use
4. Read blood pressure		Located brachial artery. Wrapped cuff snugly 1-2" above elbow. Centered bladder of cuff over brachial artery. Inflated cuff rapidly to 150-160 mm for lab experience Opened control valve and regulated cuff deflation Noted first and last sounds Systolic and diastolic readings by student and instructor are to be within 4 points Waited one full minute before reinflating when rechecking BP
5. Provide for client safety and comfort		Checked client's needs Placed signal light within reach of client Lowered bed, raised siderails
6. Wash hands		According to accepted procedure
7. Report/Record		Reported deviations from normal Recorded on temp. board/chart per policy Wrote legibly

Completed satisfactorily _____

_____ _____ _____
Instructor Signature Student Signature Date

24

Appendix F.

MAKING REQUESTS

1. You want the patient to undress.
2. You want the doctor to talk to the patient.
3. You are a patient and you want the nurse to rub your back.
4. You want another nurse to watch the patient while you go somewhere.
5. You want the patient's guests to leave the room.
6. You want the doctor to write an order for a physical restraint.
7. You are a patient and you want the nurse to explain the tests you are taking.
8. You want the patient to open his mouth.
9. You want the doctor to write a prescription.
10. You want another nurse to help you lift a patient.
11. You are a patient and you want the nurse to take your temperature.
12. You want the patient to lie down.
13. You want the doctor to look at the results of some tests.
14. You want another nurse to give you some advice about a patient.
15. You want the patient to give you a specimen.
16. You want the doctor to come to the examination room.
17. You want the patient not to eat candy.
18. You want the patient to give you his address.
19. You want another nurse to answer the phone.
20. You want the doctor to talk to the patient.
21. You are a patient and you want the nurse to support you when you go to the bathroom.

Appendix G.

DESCRIPTIVE TERMS COMMONLY USED IN CHARTING

Concerning	Factor to be Charted	Suggested term to Use
Abdomen	Hard, board-like	Hard, rigid
	Soft, flabby	Flaccid, relaxed
	Blown up	Distended
	Hurts when touched	Sensitive to touch
Appearance, general	Thin and undernourished	Emaciated
	Fat	Obese
Amounts	Large amount	Profuse, copius, free excessive, measured amount
	Moderate amount	Moderate, measured amount
	Small amount	Small Amount, scanty, slight, very little, measured amount
Appetite	Very fussy about foods, refuses to eat many foods,	Has definite likes and dislikes concerning food
	Eats all food served,	Appetite good
	Eats very little	Appetite poor (state exactly what is eaten)
	Loss of appetite	Anorexia
	Refuses to eat	Refused food (state reason)
	Eats only small amount	Appetite fair
Attitude (mental)	Not interested in surroundings	Indifferent
	Has "don't care" attitude	Apathetic
	Doesn't believe anything said	Suspicious, distrustful
	Quarrelsome, disagreeable, wants to argue	Belligerent, quarrelsome, disagreeable
	Afraid, worried	Anxious, fearful
	Seems to have weight of world on his shoulders	Very serious minded
	Happy, carefree, cheerful	Cheerful, optimistic
Back (areas)	Upper back	Interscapular region, shoulder area
	Small of back	Lumbar region
	Gluteal area	Buttocks
Belch	Belching	Eructation
Bleeding	Uncontrolled bleeding	Hemorrhage
	Spurting of blood	In spurts
	Very little	OOzing
Consciousness	Fully conscious, aware of surroundings	Alert, fully conscious
	Only partly conscious	Semi-conscious
	Unconscious, but can be aroused	Stuporous
	Unconscious, cannot be aroused	Comatose

CHARTING STYLE

Write these sentence over in a style that is appropriate for charting:

1. A partial bath was give with a back rub.

2. She shows recognition of familiar people.

3. She complains of pain in her elbows and hands.

4. Her appetite was poor at breakfast and lunch.

5. She is emotional when she is talking about the past.

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narrative charting

NARRATIVE CHARTING

Write the following passage over, as though it was a chart.

June 14, 1981 Ten o'clock in the morning.

He is very listless. His speech is quite slurred and he is difficult to understand. His appetite is poor. He needs assistance with Activities of Daily Living. He just wants to be in bed. He has no interest in anything.

I talked to his daughter Gloria and gave her a complete report of his condition. I also mentioned to his daughter the possibility of skilled care.

-- B. Smith L.P.N.

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Med ESL
Summer 84
narrative charting

EXAMPLE OF NARRATIVE CHARTING:

6/14/81 10^{A} Very listless. Speech is quite slurred and is difficult to understand. Appetite poor. Needs assistance ℄ A.D.L's. Just wants to be in bed. Has no interest in anything.
Talked to daughter Gloria and gave her complete report of condition. It was also mentioned to daughter the possibility of skilled care. _____ B. Smith L.P.N.